



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Fallon Health and Life Assurance Company														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	8026	0	0	0	0	0	0	0	0	0	0	2,991	11017
PR	2011	0	0	1,789	0	3,738	2,836	0	0	2,696	0	0	3,108	14167
PR	2012	0	0	3,233	0	0	3,415	0	0	3,639				10287
ME	2009	0	0	0	0	0	0	0	0	0	0	0	26,509	26509
ME	2010	0	0	0	0	0	0	0	0	0	0	0	27,369	27369
ME	2011	28,481	27,979	28,017	27,789	27,950	37,126	33,235	34,228	35,681	77,022	78,010	69,068	504,586
ME	2012	76,978	76,183	75,567	74,342	71,487	70,601	70,238	70,178	70,292	70,489	77,524		803,879
PV	2011	117,573	119,537	121,355	122,964	124,728	125,782	129,720	131,586	133,169	134,929	137,165	137,214	1,535,722
PV	2012	149,292	151,758	156,345	162,912	164,696	166,972	164,337	166,898	179,651	183,191	183,965		1,830,017
MC	2008	9,914	36,564	41,044	48,930	45,281	44,390	49,452	39,716	50,731	46,991	50,318	54,002	517,333
MC	2009	43,910	37,137	76,609	51,106	49,431	61,116	44,128	51,766	71,161	61,179	58,220	62,704	668,467
MC	2010	53,607	49,793	34,071	67,096	65,513	80,254	64,725	93,584	73,229	77,147	82,848	64,568	806,435
MC	2011	62,032	69,109	99,977	86,305	78,708	95,888	78,790	106,386	86,783	90,115	113,305	74,923	1,042,321
MC	2012	103,854	82,891	81,914	91,936	105,584	82,525	100,858	87,247	61,951	108,424	89,567		996,751
PC	2008	11,934	11,332	11,870	11,427	11,939	11,531	12,410	12,038	12,468	13,305	12,392	13,846	146,492
PC	2009	13,692	12,278	14,058	14,125	14,682	15,279	15,290	15,411	15,354	16,465	16,090	17,823	180,547
PC	2010	20,463	18,750	24,024	21,872	21,483	22,655	22,160	22,385	22,009	21,828	21,882	22,475	261,986
PC	2011	21,926	19,698	22,533	20,610	22,136	22,528	20,820	24,020	22,938	18,466	24,761	24,814	265,250
PC	2012	25,426	24,020	18,021	24,000	22,623	18,926	17,542	19,197	16,588	18,575	18,680		223,598
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0		0

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









